

Name
in
Full

William Jerry Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *miles* ^{Town} *town*

County

St. Mary's

MARYLAND

Date of death 1903 3 13, Age 4. Months 11 Days 8

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name *William Blair*

Father's Birthplace

Mother's Maiden Name *Rose Oxis*

Mother's Birthplace

Name of person giving Information

How related to deceased

✓ 15

CAUSES OF DEATH

Primary

Sarcoma of Kidney

How long

10 mos.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. V. Palmer
Palmero

Address

Accident or Suicide?

True copy July 9th 1904
H. F. Greenwell

Name
in
Full

Maria Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leonardtown</i>		County		MARYLAND							
Date of death	1903	Month	3	Day	22	Age	65	Months		Days	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>St Marys Co</i>				
Occupation	<i>Laborer</i>			Where Residing if not at place of death							
Married, Single or Widowed	<i>Widow</i>			Name of Wife or Husband							
Father's Name							Father's Birthplace				
Mother's Maiden Name							Mother's Birthplace				
Name of person giving information							How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>In Grippe</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. L. Greenwell</i>
		Address	<i>Leonardtown Md</i>
Accident or Suicide?			

True copy July 9th 1904
F. F. Greenwell.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name in Full *Curtis Gibbons Lawrence* Town *Blackstones* County *St. Mary's*Died at *Blackstones* Date of death *1903* Month *3* Day *2* Age *84* Years Months DaysSex *male* Color or Race *white* Birth-place *Maryland*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or HusbandFather's Name *Joseph A. Lawrence*

Father's Birthplace

Mother's Maiden Name *Susie Cullison*

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Pneumonia*How long *7 days*Immediate *Coronary*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*P. J. Palmer**Palmer*

Accident or Suicide?

True copy July 9th 1404
H. G. Greenwell.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *White Neck*

Town

County

*N. Mary's*Date
of death *1903*Month
*3*Day
*4*Age
70

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John Alexander*Father's
BirthplaceMother's
Maiden Name*Katie Thomson*Mother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Gastritis

How long

13 yrs

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*R. P. Palmer*

Address

Palmer

Accident or Suicide?

True copy July 9th 1904.
H. J. Greenwell.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hillfred Peak</i>		Town <i>Leonardtown</i>		County <i>St. Mary's</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1902</i>		<i>70</i>			
Month <i>3</i>		Day <i>20</i>		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St Marys Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name		<i>VP</i>				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

Primary <i>La Grippe</i>	How long
Immediate <i>Pneumonia</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. F. Greenwell</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	

True copy July 9th 1904
H. F. Greenwell.